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### FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
MAIL STOP AMENDMENT	Kenneth F. Smolik
COMPANY:	DATE:
USPTO	December 16, 2004
FAX NO.:	TOTAL NO. OF PAGES: (including cover sheet)
(703) 872-9306	29
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO.:
10/008,265	005222.00181
RE:	In re: Appn. Beams et al. Appn. No. 10/008,265 Filed: November 5, 2001 For: Creating Chat Rooms With Multiple Roles For Multiple Participants

### OFFICIAL FAX

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NAME:	PHONE:
Jasmin Santoyo	312-463-5560

### COMMENTS:

AMENDMENT IN RESPONSE TO OFFICE ACTION MAILED SEPTEMBER 16, 2004

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**TRANSMITTAL  
FORM**

(To be used for all correspondence after initial filing.)

Total Number of Pages in This Submission

Application Number	10/008,265
Filing Date	November 5, 2001
First Named Inventor	Brian R. Beams
Art Unit	2154
Examiner Name	Lin, Wen Tai

Attorney Docket Number 005222.00181

**ENCLOSURES (check all that apply)**

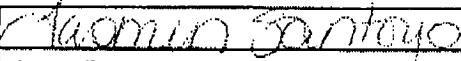
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Fax Cover Sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Copies of Recorded Assignments
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b>		A duplicate of the fee sheet is enclosed.
The Commissioner is authorized to debit or credit any overpayment or deficiency from Deposit Account No. 19-0733.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Kenneth F. Smolik		
Date	12/16/2004	Reg. No.	44,344

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Jasmin Santoyo
	Date 12/16/2004

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PTO/SB/17 (12-04)

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# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)  
**600**

<b>Complete If Known</b>	
Application Number	10/7003.265
Filing Date	11/05/2001
First Named Inventor	Brian R. Bremis
Examiner Name	Lin, Kwei Tai
Art Unit	2154
Attorney Docket No	005222_00181

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

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### FEE CALCULATION

<b>4. BASIC FILING, SEARCHING AND EXAMINING FEES</b>		<b>SEARCH FEES</b>	<b>EXAMINATION FEES</b>			
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

**Small Entity**

**Fee (\$)** **Fee (\$)**

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
9-15	3	x 20.0	= 60.0		

HP = highest number of independent claims paid for, if greater than 3

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x		

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

<b>SUBMITTED BY</b>				
Signature	<i>Kenneth F. Smolik</i>	Registration No. (Attorney/Agent)	44,344	Telephone 312-463-5000
Name (Print/Type)	Kenneth F. Smolik	Date	12-15-2004	

This collection of information is required by 37 CFR 1.130. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)  
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\\$)</b>	600
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<b>Complete If Known</b>	
Application Number	10/008,265
Filing Date	11/05/2001
First Named Inventor	Brian R. Beams
Examiner Name	Lin, Wen Ta
Art Unit	2154
Attorney Docket No.	005222.0018

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:	19-0733	Deposit Account Name: Banner & Witcoff
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
-----------------	------------------------------

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

100 100

Multiple dependent claims

160 180

#### Total Claims

<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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- 20 or HP =    x    =   

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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3 3 x 200 = 600

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 =    / 50 =    (round up to a whole number) x    =   

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

Fee Paid (\$)

## SUBMITTED BY

Signature	Kenneth F. Smolik	Registration No. (Attorney/Agent)	44,344	Telephone	312-463-5000
Name (Print/Type)	Kenneth F. Smolik			Date	12-16-2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, 1100 L Street, NW, Washington, DC 20591-0001. ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DEC 16 2004

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
(Attorney Docket No. 05222.00181)

In re U.S. Patent Application of )  
Beams, et. al. )  
Application No. 10/008.265 ) Examiner: Lin, Wen Tai  
Filed: November 5, 2001 ) Group Art Unit: 2154  
For: CREATING CHAT ROOMS WITH ) Confirmation No.: 2519  
MULTIPLE ROLES FOR MULTIPLE )  
PARTICIPANTS )

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Office Action mailed September 16, 2004. The Examiner set a three-month period for response, thus making this response due on or before **December 16, 2004**. The Commissioner is authorized to debit the extra claim fee of \$600.00 from our Deposit Account No. 19-0733.

The Amendment section begins on page 2 and the Remarks section begins on page 12.  
Please amend the application as follows.